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tissue formation round it soon leaves only a capillary space between the wound surface and drain; for this reason, if it is necessary to leave the drain in place for more than a few days, in addition to lavage periodical movement of the drain of the gutter type is desirable.

In conclusion it should be repeated that the above drain has only been used in its extemporized form. It is not suggested that it affords an ideal method of wound treatment, but in two respects it appears to be an improvement on the patterns in common use, viz.:

(1) The drain forms with the surface of the wound track in proportion to its diameter the maximum capillary space, along which the evacuation of fluids can occur.

(2) It admits of lotions being brought into general contact with the surface of the wound track while the drain is in place.

A CASE OF OESOPHAGOTOMY FOR FOREIGN BODY.

By Captain J. H. M. Frobisher.
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The following case is sufficiently uncommon in the Service to be worth publishing:—

Dr. Y., 1/4th Hants Battery, was admitted to the Station Hospital, Kasauli, from Lahore. His history is as follows: He was wakened one night by a sudden attack of choking, and found that he had partially swallowed an upper broken tooth-plate he was wearing. He could not swallow the plate completely. He was taken to the Station Hospital, where nothing could be found in the pharynx under chloroform. He was therefore transferred to Ambala for X rays. Here a skiagram showed the plate impacted in the gullet at the level of the cricoid cartilage. He was transferred to Kasauli for operation. On arrival here (four days after the accident) he was in great pain, very short of breath, and was coughing up a large quantity of purulent material. Oesophagotomy was decided on after examination, as nothing could be felt by the mouth.

Operation.—The oesophagus was exposed on the left side of the neck through an incision along the anterior border of the sternomastoid. The carotid sheath was exposed, and dissection carried on between it and the thyroid body. The omo-hyoid required division before this could be done. The inferior thyroid artery also required ligaturing. The oesophagus was exposed, and the plate could be felt in it, and was removed through an incision in its wall. The incision in the oesophagus was closed with silk sutures, and a gauze drain put down to it. The remainder of the wound was closed, except at the lower end, where the gauze drain came to the surface.
After-history.—The patient was fed on nutrients for two days by the rectum. A large quantity of purulent material came from the drain for a week, and then gradually stopped. At the end of three days the stomach tube was passed three times a day, and the patient fed with milk and eggs. After ten days the patient was allowed pounded chicken, the wound by this time being healed except for a small sinus, which was rapidly closing. The stitches were removed on the tenth day and the gauze drain on the eighth day. Patient was put on ordinary diet a few days later. Deglutition is now perfect, and there are no signs of any trouble of any kind. The patient was sent back to Lahore.

A DESIGN FOR A BRICK DESTRUCTOR FOR THE INCINERATION OF EXCRETA AND REFUSE FROM CAMPS AND TEMPORARY HOSPITALS.

By SERJEANT-MAJOR E. B. DEWBERRY.
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The construction of the incinerator is clearly shown in the sketches. It will be noticed that the outstanding features are: The interior lining is entirely constructed of fire-bricks, is circular, thus avoiding any accumulation of unburnt refuse in corners. An air space of one and a half inches divides the inner lining from the outer wall, air bricks being inserted...